

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

EARL WILSON

Docket # 2006KN067339

07 948
TOWNES, J.

(In the space above enter the full name(s) of the plaintiff(s).)

v.

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983.

Defendant No. 1 NEW YORK CITY

70 PCT -154 LAWRENCE AVE BROOKLYN, NY 11230

Defendant No. 2

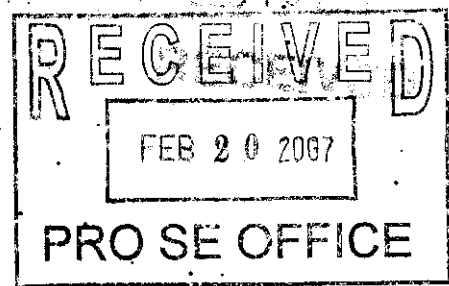
Defendant No. 3

Defendant No. 4

Defendant No. 5

Jury Trial: Yes YES No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)



I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name EARL WILSON
ID # 1410617298
Current Institution RIKERS ISLAND
Address 1818 HAZEN STREET
EAST ELMHURST N.Y 11370 RIKERS ISLAND

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

JOHN DOE

Shield #

28854

Where Currently Employed 70 PCT

Address 154 LAWRENCE AVENUE,
BROOKLYN, NY 11230

Defendant No. 2

Name

Shield #

Where Currently Employed

Address 67th PCT

Defendant No. 3

Name

Shield #

Where Currently Employed

Address

Defendant No. 4

Name

Shield #

Where Currently Employed

Address

Defendant No. 5

Name

Shield #

Where Currently Employed

Address

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? I called the Police made a Report that my bicycle was stolen, I was then ARRESTED

B. Where in the institution did the events giving rise to your claim(s) occur?

NEWKIRK 3 Bedford Ave

C. What date and approximate time did the events giving rise to your claim(s) occur?

9/28/06 2am

D. Facts: On 9/28/06 I was Robbed, Cursed, Threatened, Assaulted, out-Numbered & In Fear For my life. I called the police. Was Arrested & charged with menecing. ~~90 days later~~ 90 days later Charges was dismissed in my FAVOR 12/07

What
happened
to
you?

Who
did
that?

Was
anyone
else
involved?

How
did
it
happen?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. _____

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes _____ No ☒

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If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). 70 PCT 154 LAWRENCE AVENUE, BROOKLYN, NY 11230

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No NO Do Not Know ?

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes YES No Do Not Know

If YES, which claim(s)? I made a report that I was (Robbed) stolen bicycle

D. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose not cover some of your claim(s)?

Yes No Do Not Know ?

If YES, which claim(s)?

E. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No No

F. If you did file a grievance, about the events described in this complaint, where did you file the grievance? In criminal court (Part-5)

1. Which claim(s) in this complaint did you grieve? I was robbed

I CALLED THE POLICE, AND WAS LOCKED UP UNLAWFUL IMPRISONMENT

2. What was the result, if any? Case dismissed in my favor ~~1/2/07~~ 1/2/07

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

In the interest of justice

1/2/07

Earl wilson # 1410617298 / Docket # 2006KN067339

V.

The city of new york

On 9/28/06 I was arrested and charged with menecing and possessio
-n of a weapon. which was not in my possession. I had stopped at a
grocery store, with my bicycle to purchase a few items. On my way

into the store four individuals was standing out side as I exit
the store my bicycle was gone. I then looked around then asked
the three remaining persons about the where about of my bicycle
I was robbed, cursed, threatened, assaulted, and out numbered. In
fear for my life" I CALLED THE POLICE". I was arrested and
charged with the above "A misdemeanor"(120.14) even though I
was the "VICTIM". No one is pressing charges, or came to court,
180.80 Hrs have passed no indictment, 45 days have passed no
grand jury indictment or release. The above date is my next
court appearance and would make 90 days with no indictment
statement from my accusers. According to C.P.L-120.14 all
charges should be dismissed. Because of the above allegation
INS have a hold on me. My bail is one dollar.

The following was the consequence of false arrest and
violation of the u.s and N.Y.S.C constitutional violation
1,2,4,5,6,7,8,9,11,14 Amendment and bill of rights also civil
rights violation.

(1)False imprisonment.(2)Lost of employment.(3)Lost of apartment.

(4)Legal exspence.(5)Mental stress and emotional anguished for
myself and family about being deported to a country I've left

30 years, with no home, no family or friend to go to because of

false arrest.(6)Also fear and mental anguish for facing up to

7 years in prison if I violate an order of protection for those

who conspired and robbed me, given to me by the court.

(7)Because of false arrest INS put plaintiff on list of deportee

causing hardship and mental stress, jeopardizing my "GI" benefits

which includes Medical, Life insurance for 25 thousand dollars

and a guaranteed home lone by "VA" for 35 to 250,000 dollars.

(8)Because of false arrest plaintiff was put in jeopardy twice

for same offence, a violation of my constitutional rights 5th
amendment.

Plaintiff seeking 20 million for compensation and damages.

I am requesting legal representation and a stay of execution

until this matter is resolved.

Frederick Knewington Law office (516)489-6959

| IDENTIFICATION PURPOSES | | SAFEGUARD IT | | ANALYSIS AND JUDGE | | ALL INFORMATION IN SHADDED AREAS RENDER FORM VOID | |
|---|----------------------------|---|--|--|--|---|--|
| CD FORM 214 1 JUL 79 | | PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. | | CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY | | | |
| 1. NAME (Last, first, middle) WILSON, EARL ADOLPHUS | | 2. DEPARTMENT, COMPONENT AND BRANCH ARMY RA | | 3. SOCIAL SECURITY NO. [REDACTED] | | | |
| 4a. GRADE, RATE OR RANK SP4 | 4b. PAY GRADE EA | 5. DATE OF BIRTH [REDACTED] | 6. PLACE OF ENTRY INTO ACTIVE DUTY BROOKLYN NEW YORK 11225 | | | | |
| 7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HQ COMPANY LAW ENFORCEMENT ACTV REP. OF PANAMA FC | | | 8. STATION WHERE SEPARATED FORT JACKSON SOUTH CAROLINA 29207 | | | | |
| 9. COMMAND TO WHICH TRANSFERRED USAR CONTROL GROUP (REINFORCEMENT) RCPAC ST. LOUIS MO 63132 | | | 10. SGLI COVERAGE AMOUNT \$ 25 000 <input type="checkbox"/> NONE | | | | |
| 11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 71115 ADMINISTRATIVE SPECIALIST 2 YEARS AND 6 MONTHS | | | 12. RECORD OF SERVICE | | | | |
| | | | a. Date Entered AD This Period | | | | |
| | | | b. Separation Date This Period | | | | |
| | | | c. Net Active Service This Period | | | | |
| | | | d. Total Prior Active Service | | | | |
| | | | e. Total Prior Inactive Service | | | | |
| | | | f. Foreign Service | | | | |
| | | | g. Sea Service | | | | |
| h. Effective Date of Pay Grade | | | | | | | |
| i. Reserve Oblig. Term. Date | | | | | | | |
| 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NONE | | | | | | | |
| 14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) ADMINISTRATIVE SPECIALIST 5 WEEKS DECEMBER 1977 | | | | | | | |
| 15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | 16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 17. DAYS ACCRUED LEAVE PAID 35 | |
| 18. REMARKS [REDACTED] | | | | | | | |
| 19. MAILING ADDRESS AFTER SEPARATION [REDACTED] | | | | 20. MEMBER REQUESTS COPY 6 BE SENT TO <input checked="" type="checkbox"/> AFFAIRS <input type="checkbox"/> DIR. OF VET. AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 21. SIGNATURE OF MEMBER BEING SEPARATED <i>[Signature]</i> | | | | 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN <i>[Signature]</i> JAMES C. MCANULTY 1LT ASSISTANT ADJUTANT | | | |
| SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only) | | | | | | | |
| 23. TYPE OF SEPARATION RELIEF FROM ACTIVE DUTY | | | | 24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE | | | |
| 25. SEPARATION AUTHORITY PARA 5-12 AR 635-200 | | | | 26. SEPARATION CODE LBM | | 27. REENLISTMENT CODE 1B | |
| 28. NARRATIVE REASON FOR SEPARATION SHORT LENGTH OF TIME REMAINING ON ACTIVE DUTY PRECLUDES REASSIGNMENT | | | | | | | |
| 29. DATES OF TIME LOST DURING THIS PERIOD NONE | | | | 30. MEMBER REQUESTS COPY 4 <input type="checkbox"/> | | | |

If you did not file a claim, did you inform any officials of your claim(s)?
Yes ☒ No ☐

1. If YES, whom did you inform and when did you inform them? The Arresting Officer & My Lawyer

2. If NO, why not? _____

I. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. AN ORDER OF PROTECTION WAS TAKEN OUT BY THE COURT -- AGAINST ME. I WAS TOLD IF I VIOLATE I CAN GET UP TO SEVEN YEARS IN PRISON, BECAUSE OF THE ARREST "INS" WANTED TO DEPORT ME TO A COUNTRY I'VE LEFT 30 YEARS AGO WITH NO HOME, FAMILY, OR FRIENDS.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the court to do for you. _____

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

B. If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:
Plaintiff _____
Defendants _____
2. Court (if federal court, name the district; if state court, name the county) _____
3. Docket or Index number _____
4. Name of Judge assigned to your case Bloom
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes _____ No _____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Judgment in my Favor

D. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes _____ No ☒

E. If your answer to D is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:
Plaintiff _____
Defendants _____
2. Court (if federal court, name the district; if state court, name the county) _____
3. Docket or Index number _____
4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit: _____
6. Is the case still pending? Yes _____ No _____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

Signed this 7 day of December, 2006 I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff

Inmate Number 1410617298

Mailing address

Port Isabel Detention Center
27991 Buena Vista Road
LOS FRESNOS TEXAS 79566

Phone

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 7 day of December, 2006 I will deliver this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Carl Wilson